

**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF RHODE ISLAND**

STATE OF COLORADO, ET AL., <i>Plaintiffs,</i> v. UNITED STATES DEPARTMENT OF HEALTH and HUMAN SERVICES, ET AL., <i>Defendants.</i>	Case No.: 1:25-cv-
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DECLARATION OF KRISTINE CAMPAGNA

I, Kristine Campagna, hereby declare as follows:

1. I am a resident of the State of Rhode Island and over the age of 18.
2. I am the Associate Director for Community and Health Equity ("CHE") Division at the Rhode Island Department of Health ("RIDOH") and have been held this position since January 2022.
3. I hold a Master's Degree in Education and have been with RIDOH since 2009. I provide leadership, strategic vision, and policy direction to staff and programs in the Division of CHE. I work directly with the Director of RIDOH and other executive leadership staff to implement RIDOH's mission to eliminate health disparities and achieve health equity for all Rhode Islanders.
4. The information in the statements set forth below was compiled through personal knowledge, and from RIDOH personnel who have assisted in gathering this information from our agency.
5. RIDOH's mission is to protect public health, promote healthy communities, and continue to improve the quality of health care in Rhode Island. Among its many functions, RIDOH dedicates substantial resources to preventing the spread of infectious diseases, developing comprehensive emergency preparedness plans to coordinate disaster response efforts, and

implementing public health programs. It is important to note that RIDOH is both the state and local public health authority as there are no local health departments in Rhode Island.

6. In conjunction with the mission of RIDOH, the Division of CHE strives to prevent diseases and protect and promote health and safety of the people of Rhode Island.
7. To support these critical goals, RIDOH and CHE have a long-standing history of securing funding from the Centers for Disease Control and Prevention ("CDC") for, among other things, the prevention of transmission of COVID-19 and other respiratory viruses. To assist Rhode Island's recovery from COVID, the Division of CHE was awarded three (3) of four (4) CDC grants intended to assist Rhode Island communities recover from the devastation of the COVID pandemic.
8. I oversee 3 of the 4 grants which were awarded to assist the state in rebuilding the local health infrastructure, providing direct service to hardest hit communities, and ensure quality public health services in the storage, distribution and administration of vaccines. The CDC explicitly authorized to use the funds for other vaccines in conjunction with COVID vaccine.

**Grant 1 of 3 Community Health Workers for
COVID Response and Resilient Communities**

9. In 2021, the Department of Health and Human Services, Centers for Disease Control and Prevention invited applications for the Notice of Funding Opportunity (CDC-RFA-DP21-2109), Community Health Workers for COVID Response and Resilient Communities (CCR).
10. RIDOH was a successful applicant for both the Component B (annual appropriation of \$3,000,000 for 3 years or 8/31/2021 - 8/30/2024 for a total of \$9,000,000) and Component C (annual appropriation of \$2,000,000 for 3 years or 8/31/2021 - 8/30/2024 for a total of \$6,000,000). Please note that RIDOH was awarded supplemental funds in year 3 in the amount

of \$1,250,000. In August 2024, RIDOH received permission to extend the end date of grant funds to 8/30/2025.

11. Over the course of the CCR grant, RIDOH received \$16,250,000 to train, deploy, engage, and evaluate community health workers as Rhode Island's local public health workforce to assist families and communities hardest hit by the COVID pandemic. Through community health workers, over 3,000 families have been provided with services, supports, and resources to access healthcare within their community. Program evaluations show that these individuals have improved health, and that hospitalizations have been prevented. Also, through these funds, RIDOH has fortified the public health infrastructure that provides resource and connection to RI's communities that were disseminated by COVID.
12. As Rhode Island's only public health institution, RIDOH is highly dependant upon its community partners to help serve the more than 1,000,000 residents of the state of Rhode Island. The absence of a planned transition undermines Rhode Island's community-level public health infrastructure, causes hundreds of community health workers to lose their jobs and jeopardizes the health of Rhode Island's under-resourced populations.
13. In addition to the devastating community impacts, there would be an immediate dismissal of RIDOH staff leaving no capacity to fulfill grant reporting. Such non-compliance with federal grant requirements will jeopardize futyure federal funding. If RIDOH was permitted to adhere to the current timeline (end date of 8/30/25), these harmful consequences may be avoided.

Grant 2 of 3 National Initiative to Address COVID-19 Health Disparities

14. In March 2021, the Department of Health and Human Services, Centers for Disease Control and Prevention invited applications for the Notice of Funding Opportunity (CDC-RFA-OT21-2103) entitled National Initiative to Address COVID-19 Health Disparities Among

Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities.

15. As set out in the Notice of Funding Opportunity, CDC intended to use the grant National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities to: 1) reduce post-COVID-19-related health disparities during recovery from the pandemic; 2) improve and increase COVID-19 mitigation among populations that experienced higher rates of hospitalization and death including racial and ethnic minority groups and people living in rural communities; and 3) Improve capacity and services to prevent and control further COVID-19 infection/transmission post pandemic. This grant represents CDC's largest public health investment focusing specifically on reducing both immediate and long-term health disparities related to COVID-19.
16. To address these needs, In May 2021, RIDOH was notified of an award in the amount of \$19,682,213 in response to CDC-RFA-OT21-2103. Funding was approved for a two-year performance period (June 1, 2021, through May 31, 2023). On 2/22/2024, RIDOH was granted a "No-Cost Extension" or NCE to extend funding and program activities to May 30, 2025. A no-cost extension is an extension of time to a project period and/or budget period to complete the work of the grant under that period, without additional federal funds awarded.
17. The Health Disparties grant was used to:
 - a) Support ongoing neighborhood-level community education, mitigation, and response efforts in the state's hardest hit communities by 1) establishing a mobile integrated health/community paramedicine program in coordination with RI's Emergency Medical Service providers to ensure rapid response for individuals with mobility,

transportation, or other access needs with the goal of increasing access to care and decreasing unnecessary emergency room visits that contribute to higher health care costs; 2) establishing new and enhance existing partnerships with trusted leaders and community-based organizations at the local level to increase local community preparedness and response capacity including in the state's designated rural community, Block Island.

- b) Significantly overhaul and improve the collection of demographic data and improve RIDOH's ability to drive measurable actions and change to improve population health outcomes across the state.
- c) Build systemic solutions to mitigate current and future public health disparities by addressing policies, systems and/or structures that perpetuate and/or exacerbate disparities and inequality.
- d) Invest in the state's 14 Health Equity Zones ("HEZ"s). HEZs are geographic areas led by residents, community organizations, local businesses, and others to address their unique social, economic, health, and environmental challenges. HEZ's serve as venues for local public health engagement and provide a platform for communities to respond to immediate needs efficiently while addressing larger systems and conditions that influence health outcomes. Post-pandemic, HEZs operationalized local community-based strategies to address the prevalence and severity of the impacts left by the pandemic including food insecurity, housing instability, escalation with overdose, the lack of mental and behavioral health support, learning loss, and reductions in income, financial supports, and quality of life. HEZs cover approximately 85% of the state's

population, employ Community Health Workers, a critical workforce in our state, and provide local infrastructure to respond to public health emergencies.

- e) Establish workforce training and development initiatives including training with the National Culturally and Linguistically Appropriate Sards, a program intended to improve quality of care and help eliminate health care disparities. These funds also helped oral healthcare providers receive continuing medical education/continuing education credits for attending trainings; tools and resources were created to support inter-agency awareness and compliance; and supported initiatives to partner with community health workers to promote engagement with oral health providers in communities where there was a dramatic decline in utilization of oral health services.

18. For RIDOH, this investment helped build capacity at the local level and internal capacity to better respond to future emergencies with improved data systems and workforce capabilities. In partnership with community-based organizations, social service agencies, universities, and municipal partners, RIDOH invested this funding to significantly enhance the State of Rhode Island's ability to address longstanding health disparities that were documented in COVID-19 case counts, hospitalizations and deaths, and vaccination coverage. The Health Disparties grant has significantly improved local public health infrastructure and the state's response capabilities.

19. Just as with the loss of funding for the above Community Health Worker grant, the loss of the Health Disparties grant, the abrupt termination of this fudning undermines Rhode Island's ability to prepare for and respond to future public health emergencies. It threatens to reverse progress made in building local public health infrastructure and improving response

capabilities. This loss could lead to increased economic burdens on individuals, households, and governmental responses to future crises.

Grant 3 of 3 Immunization and Vaccines for Children

20. RIDOH's Office of Immunization has a long-standing Cooperative Agreement with the CDC for "Immunizations and Vaccines for Children". These funds came to RIDOH as a result of three unsolicited awards totaling \$41,369,100 from 2021-2023 which are supplemental funds for COVID-19 Vaccination.
21. The stated purpose of these supplemental funds was to support broad-based distribution, access, and vaccine coverage; expand existing immunization infrastructure, engage in additional partnerships, and implement and evaluate new strategies to reach affected populations (such as those who may be vaccine hesitant, those who are in racial and ethnic or other minority groups); and support vaccine clinics. These strategies are designed to engage difficult to reach populations with public health clinics in satellite, temporary, or off-site settings for vaccine services. The implementation of vaccine clinics include outreach to those for whom vaccine is recommended, training providers and partners on the appropriate storage and handling of the vaccine, equipping health care providers to discuss the vaccine and administer it to patients, ensuring adequate clinic staff availability, and ensuring systems can track vaccines administered and provide recall tracking and notification to complete vaccine series. Overall, this supplemental funding was used to support and strengthen critical immunization planning and implementation requirements and activities to ensure effective and efficient COVID-19 vaccination.

22. Additional supplemental funds were also used to advance strategies that ensure greater access to COVID-19 vaccine by those disproportionately affected by COVID. Communities of focus include:

- a) Communities that have experienced disproportionately high rates of SARS-CoV-2 (the virus that causes COVID-19) infection and severe COVID-19 disease or death
- b) Communities that have high rates of underlying health conditions that place them at greater risk for severe COVID-19 disease (e.g., heart disease, lung disease, obesity, see CDC website for detailed list).
- c) Communities likely to experience barriers to accessing COVID-19 vaccination services (e.g., geographical barriers, health system barriers)
- d) Communities likely to have low acceptance of or confidence in COVID-19 vaccines
- e) Communities where COVID-19 mitigation measures (e.g., mask wearing, social distancing) have not been widely adopted
- f) Communities with historically low adult vaccination rates
- g) Communities with a history of mistrust in health authorities or the medical establishment
- h) Communities that are not well-known to health authorities or have not traditionally been the focus of immunization programs

23. RIDOH received additional guidance from CDC in July 2023 stating, “As the COVID-19 vaccine becomes more integrated into the routine immunization schedule, COVID-19 funded activities should still focus on directly benefiting COVID vaccine coverage and uptake. Activities can be conducted and integrated within broader immunization program activities.”

24. The abrupt loss of COVID-19 Vaccination Supplemental funding will impact RIDOH both internally and externally.

25. The loss of funding will impact plans for on-site vaccination clinics for vulnerable populations such those living in nursing homes and assisted living communities that are now due for a second recommended dose of COVID-19 vaccine, among other critical vaccines for this age group. RIDOH's immunization registry, which provides support to healthcare providers in gauging which vaccines patients are missing and when they are due for vaccination, will be affected by this termination because they receive funding to maintain and update the system as needed. This funding supported mini-grants to immunization providers to assist in upgrading their electronic medical records in order efficiently transmit and obtain vaccination data from the registry. Providers have already started the work, and the abrupt loss of funds will impact their practices.
26. The registry also serves RIDOH in assessing vaccination uptake and trends, and it is critical when managing an outbreak response. The registry intentionally employs a staff person that speaks Spanish to assist members of the public that contact RIDOH for a copy of their vaccination records. With the abrupt loss, the program will not be able to respond to public requests in a timely manner. The Office of Immunization employs staff who manage the installation, recalibration, technical assistance, and education of data loggers who are required by CDC to monitor the temperature of vaccine storage units among approximately 500 healthcare provider practices that receive state-supplied vaccine. Staff associated with this task are funded through COVID-19 Vaccination Supplemental funds, so with immediate termination and no time to transition the work to other staff and get them fully trained, this will put millions of doses of costly and critical vaccine at risk.
27. This funding supports four staff from RIDOH's communications team for immunization related activities, including media campaigns, social media messaging and engagement,

development of outreach and educational materials. Without this support, the ability to get messaging and information about the importance of vaccines will drastically decrease and impede the ability to increase vaccine confidence with the State. This funding also supported community-based organization to implement vaccine confidence activities in the communities they serve. These partnerships are critical to build the State's infrastructure to address vaccine hesitancy and build trust in the communities which are imperative when responding to an outbreak.

28. The remaining amount of funds to date for COVID-19 Vaccination Supplemental Immunization funds is \$13,182,731.00. CDC had previously indicated that the project could be extended through June 30, 2027, through a "No Cost Extension" (extend the project without additional funding), so the immunization program developed a workplan and began connecting with internal and external partners to prepare for the outlined activities. The funds will be used for:

- a) Vaccination clinics scheduled in April 2025 within nursing homes and adult day care. There are plans to conduct more among, nursing homes, assisted living, and the Veteran's Home, etc.
- b) Staffing – immunization program, communications, immunization registry, data loggers; need time to transition this work to other RIDOH employees
- c) Communications - media campaigns, translations for materials, graphics design, printing – impeding communications which will lead to decreased vaccination rates
- d) HLN – immunization registry upgrades

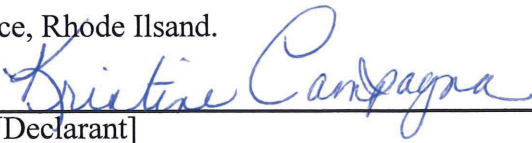
RIDOH's Performance Under the Grants

29. The Division of CHE has an excellent history of performance with federal funders including the CDC as evidenced by performance ratings, application scores, successful applications, and supplemental awards.
30. On March 25, 2025, without any prior notice or indication, CDC informed RIDOH that effective March 24, 2025, the three grants detailed above were terminated. A true and correct copy of the Notice of Awards are attached as Exhibit A.
31. CDC cites termination of the awards for cause as “the end of the pandemic provides cause to terminate COVID-related grants and cooperative agreements”.
32. The terms and conditions of the Termination Notice specify that all closeout reports for the full period of performance be submitted within thirty days of the date of the NoA or 3/24/25. In addition, the Termination Notice specifies “Please note, if you fail to submit timely and accurate reports, CDC may also pursue other enforcement actions per 45 CFR Part 75.371”. Due to the immediate termination of staff and cancellation of contractual relationships with vendors, it is unrealistic to expect RIDOH meet these close-out terms and timeline. For the first time in its nearly 150 years, RIDOH would be subject to federal enforcement actions and jeopardize future federal funding.
33. RIDOH relied and acted upon its expectation and understanding that CDC would fulfill its commitment to provide funding when it entered into community contracts with health providers, health equity zones, and CBOs. The sudden termination of funds will have economic and personal ramifications to Rhode Island’s non-profit agencies and cause RIDOH to violate subrecipient obligations.

34. Prior to the grant award termination on March 24, 2025, CDC had never provided RIDOH with notice, written or otherwise, that performance under the grant was in any way unsatisfactory.

I declare under penalty of perjury under the laws of the United States that, to the best of my knowledge, the foregoing is true and correct.

Executed on March 28, 2025, at Providence, Rhode Island.


[Declarant]

Dated: March 28, 2025

Signed:
Kristine Campagna
RIDOH Division Director

*A copy of the signature page bearing an original signature is attached hereto.



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU58DP007015-03-05

FAIN# NU58DP007015

Federal Award Date: 03/24/2025

Recipient Information**1. Recipient Name**STATE OF RHODE ISLAND DEPARTMENT OF
HEALTH**2. Congressional District of Recipient****3. Payment System Identifier (ID)****4. Employer Identification Number (EIN)****5. Data Universal Numbering System (DUNS)****6. Recipient's Unique Entity Identifier (UEI)****7. Project Director or Principal Investigator****8. Authorized Official****Federal Agency Information**

CDC Office of Financial Resources

9. Awarding Agency Contact Information**10. Program Official Contact Information****30. Remarks**

Department Authority

Federal Award Information**11. Award Number**

6 NU58DP007015-03-05

12. Unique Federal Award Identification Number (FAIN)

NU58DP007015

13. Statutory AuthorityCoronavirus Aid, Relief, and Economic Security Act ("CARES Act") Public Law 116-136 Public Health
Service Act 42 U.S.C. 301(a)**14. Federal Award Project Title**

Rhode Island Community Health Workers for COVID Response and Resilient Communities

15. Assistance Listing Number

93.495

16. Assistance Listing Program Title

Community Health Workers for Public Health Response and Resilient

17. Award Action Type

Terminate

18. Is the Award R&D?

No

Summary Federal Award Financial Information**19. Budget Period Start Date** 08/31/2023 - **End Date** 03/24/2025**20. Total Amount of Federal Funds Obligated by this Action** \$0.00

20a. Direct Cost Amount \$0.00

20b. Indirect Cost Amount \$0.00

21. Authorized Carryover \$0.00**22. Offset** \$0.00**23. Total Amount of Federal Funds Obligated this budget period** \$6,250,000.00**24. Total Approved Cost Sharing or Matching, where applicable** \$0.00**25. Total Federal and Non-Federal Approved this Budget Period** \$6,250,000.00**26. Period of Performance Start Date** 08/31/2021 - **End Date** 03/24/2025**27. Total Amount of the Federal Award including Approved
Cost Sharing or Matching this Period of Performance** \$16,250,000.00**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

29. Grants Management Officer - Signature



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU58DP007015-03-05

FAIN# NU58DP007015

Federal Award Date: 03/24/2025

Recipient Information**Recipient Name**STATE OF RHODE ISLAND DEPARTMENT OF
HEALTH**Congressional District of Recipient****Payment Account Number and Type****Employer Identification Number (EIN) Data****Universal Numbering System (DUNS)****Recipient's Unique Entity Identifier (UEI)****31. Assistance Type**

Project Grant

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$385,364.00
b. Fringe Benefits	\$187,461.00
c. Total Personnel Costs	\$572,825.00
d. Equipment	\$0.00
e. Supplies	\$3,961.00
f. Travel	\$2,476.00
g. Construction	\$0.00
h. Other	\$1,875.00
i. Contractual	\$5,300,254.00
j. TOTAL DIRECT COSTS	\$5,881,391.00
k. INDIRECT COSTS	\$368,609.00
L. TOTAL APPROVED BUDGET	\$6,250,000.00
m. Federal Share	\$6,250,000.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390H3H	21NU58DP007015C3	DP	41.51	93.495	\$0.00	75-2024-0943
2-9390H3H	21NU58DP007015C3	DP	41.51	93.495	\$0.00	75-2024-0943
3-9390H3H	21NU58DP007015C3	DP	41.51	93.495	\$0.00	75-2024-0943

AWARD ATTACHMENTS

STATE OF RHODE ISLAND DEPARTMENT OF HEALTH

6 NU58DP007015-03-05

1. Terms and Conditions

TERMS AND CONDITIONS OF AWARD

Termination: The purpose of this amendment is to terminate this award which is funded by COVID-19 supplemental appropriations. The termination of this award is for cause. HHS regulations permit termination if “the non-Federal entity fails to comply with the terms and conditions of the award”, or separately, “for cause.” The end of the pandemic provides cause to terminate COVID-related grants and cooperative agreements. These grants and cooperative agreements were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grants and cooperative agreements are no longer necessary as their limited purpose has run out. Termination of this award is effective as of the date set out in your Notice of Award.

No additional activities can be conducted, and no additional costs may be incurred. Unobligated award balances will be de-obligated by CDC.

Closeout: In order to facilitate an orderly closeout, we are requesting that you submit all closeout reports identified below within thirty (30) days of the date of this NoA. Submit the documentation as a “Grant Closeout” amendment in GrantSolutions. The reporting timeframe is the full period of performance. Please note, if you fail to submit timely and accurate reports, CDC may also pursue other enforcement actions per 45 CFR Part 75.371.

Final Performance/Progress Report: This report should include the information specified in the Notice of Funding Opportunity (NOFO). At a minimum, the report will include the following:

- Statement of progress made toward the achievement of originally stated aims.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

Final Federal Financial Report (FFR, SF-425): The FFR should only include those funds authorized and expended during the timeframe covered by the report. The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Payment Management System (PMS), you will be required to update your reports to PMS accordingly.

Equipment and Supplies - Tangible Personal Property Report (SF-428): A completed SF-428 detailing all major equipment acquired with a unit acquisition cost of \$10,000 or more. If no equipment was acquired under the award, a negative report is required



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH75OT000037-01-04

FAIN# NH75OT000037

Federal Award Date: 03/24/2025

Recipient Information**1. Recipient Name**STATE OF RHODE ISLAND DEPARTMENT OF
HEALTH**2. Congressional District of Recipient****3. Payment System Identifier (ID)****4. Employer Identification Number (EIN)****5. Data Universal Numbering System (DUNS)****6. Recipient's Unique Entity Identifier (UEI)****7. Project Director or Principal Investigator****8. Authorized Official****Federal Agency Information**

CDC Office of Financial Resources

9. Awarding Agency Contact Information**10. Program Official Contact Information****30. Remarks**

Department Authority

Federal Award Information**11. Award Number**

6 NH75OT000037-01-04

12. Unique Federal Award Identification Number (FAIN)

NH75OT000037

13. Statutory Authority

317(K)(2) OF PHSA 42USC 247B(K)(2)

14. Federal Award Project Title

Rhode Island Initiative to Address COVID-19 Health Disparities

15. Assistance Listing Number

93.391

16. Assistance Listing Program TitleActivities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public
Health or Healthcare Crises**17. Award Action Type**

Terminate

18. Is the Award R&D?

No

Summary Federal Award Financial Information**19. Budget Period Start Date** 06/01/2021 - **End Date** 03/24/2025**20. Total Amount of Federal Funds Obligated by this Action** \$0.00

20a. Direct Cost Amount \$0.00

20b. Indirect Cost Amount \$0.00

21. Authorized Carryover \$0.00**22. Offset** \$0.00**23. Total Amount of Federal Funds Obligated this budget period** \$19,682,213.00**24. Total Approved Cost Sharing or Matching, where applicable** \$0.00**25. Total Federal and Non-Federal Approved this Budget Period** \$19,682,213.00**26. Period of Performance Start Date** 06/01/2021 - **End Date** 03/24/2025**27. Total Amount of the Federal Award including Approved
Cost Sharing or Matching this Period of Performance** \$19,682,213.00**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

29. Grants Management Officer - Signature



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH75OT000037-01-04

FAIN# NH75OT000037

Federal Award Date: 03/24/2025

Recipient Information**Recipient Name**STATE OF RHODE ISLAND DEPARTMENT OF
HEALTH**Congressional District of Recipient****Payment Account Number and Type****Employer Identification Number (EIN) Data****Universal Numbering System (DUNS)****Recipient's Unique Entity Identifier (UEI)****31. Assistance Type**

Project Grant

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$2,706,303.00
b. Fringe Benefits	\$1,432,504.00
c. Total Personnel Costs	\$4,138,807.00
d. Equipment	\$0.00
e. Supplies	\$365,146.00
f. Travel	\$31,720.00
g. Construction	\$0.00
h. Other	\$5,861,595.00
i. Contractual	\$7,288,669.00
j. TOTAL DIRECT COSTS	\$17,685,937.00
k. INDIRECT COSTS	\$1,996,276.00
L. TOTAL APPROVED BUDGET	\$19,682,213.00
m. Federal Share	\$19,682,213.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390H06	21NH75OT000037C5	OT	41.51	93.391	\$0.00	75-2122-0140



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH75OT000037-01-04

FAIN# NH75OT000037

Federal Award Date: 03/24/2025

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

STATE OF RHODE ISLAND DEPARTMENT OF HEALTH

6 NH75OT000037-01-04

1. Termination Action TC – FINAL

TERMS AND CONDITIONS OF AWARD

Termination: The purpose of this amendment is to terminate this award which is funded by COVID-19 supplemental appropriations. The termination of this award is for cause. HHS regulations permit termination if “the non-Federal entity fails to comply with the terms and conditions of the award”, or separately, “for cause.” The end of the pandemic provides cause to terminate COVID-related grants and cooperative agreements. These grants and cooperative agreements were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grants and cooperative agreements are no longer necessary as their limited purpose has run out. Termination of this award is effective as of the date set out in your Notice of Award.

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Final Performance/Progress Report: This report should include the information specified in the Notice of Funding Opportunity (NOFO). At a minimum, the report will include the following:

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Equipment and Supplies - Tangible Personal Property Report (SF-428): A completed SF-428 detailing all major equipment acquired with a unit acquisition cost of \$10,000 or more. If no equipment was acquired under the award, a negative report is required



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922618-05-09

FAIN# NH23IP922618

Federal Award Date: 03/24/2025

Recipient Information**1. Recipient Name**STATE OF RHODE ISLAND DEPARTMENT OF
HEALTH**2. Congressional District of Recipient****3. Payment System Identifier (ID)****4. Employer Identification Number (EIN)****5. Data Universal Numbering System (DUNS)****6. Recipient's Unique Entity Identifier (UEI)****7. Project Director or Principal Investigator****8. Authorized Official****Federal Agency Information**

CDC Office of Financial Resources

9. Awarding Agency Contact Information**10. Program Official Contact Information****30. Remarks****Federal Award Information****11. Award Number**

6 NH23IP922618-05-09

12. Unique Federal Award Identification Number (FAIN)

NH23IP922618

13. Statutory Authority

Sections 317, 317(k)(2) of the Public Health Service Act (42 U.S.C. Sections 247b, 247b(k)(2) and 247c), as amended.

14. Federal Award Project Title

Rhode Island Immunization and Vaccines for Children

15. Assistance Listing Number

93.268

16. Assistance Listing Program Title

Immunization Cooperative Agreements

17. Award Action Type

Administrative Action

18. Is the Award R&D?

No

Summary Federal Award Financial Information**19. Budget Period Start Date** 07/01/2023 - **End Date** 03/24/2025**20. Total Amount of Federal Funds Obligated by this Action** \$0.00

20a. Direct Cost Amount \$0.00

20b. Indirect Cost Amount \$0.00

21. Authorized Carryover \$19,945,187.00**22. Offset** \$3,102.00**23. Total Amount of Federal Funds Obligated this budget period** \$7,732,706.00**24. Total Approved Cost Sharing or Matching, where applicable** \$0.00**25. Total Federal and Non-Federal Approved this Budget Period** \$7,732,706.00**26. Period of Performance Start Date** 07/01/2019 - **End Date** 03/24/2025**27. Total Amount of the Federal Award including Approved
Cost Sharing or Matching this Period of Performance** \$60,687,362.00**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

29. Grants Management Officer – Signature

"Department Authority"



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922618-05-09

FAIN# NH23IP922618

Federal Award Date: 03/24/2025

Recipient Information**Recipient Name**STATE OF RHODE ISLAND DEPARTMENT OF
HEALTH**Congressional District of Recipient****Payment Account Number and Type****Employer Identification Number (EIN) Data****Universal Numbering System (DUNS)****Recipient's Unique Entity Identifier (UEI)****31. Assistance Type**

Cooperative Agreement

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$3,562,782.98
b. Fringe Benefits	\$2,097,585.02
c. Total Personnel Costs	\$5,660,368.00
d. Equipment	\$128,419.00
e. Supplies	\$813,136.00
f. Travel	\$228,868.00
g. Construction	\$0.00
h. Other	\$2,230,392.87
i. Contractual	\$14,221,301.65
j. TOTAL DIRECT COSTS	\$23,282,485.52
k. INDIRECT COSTS	\$4,398,509.48
L. TOTAL APPROVED BUDGET	\$27,680,995.00
m. Federal Share	\$27,680,995.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-9390GWA	20NH23IP922618C6	IP	41.51	93.268	\$0.00	75-X-0943



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NH23IP922618-05-09

FAIN# NH23IP922618

Federal Award Date: 03/24/2025

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

STATE OF RHODE ISLAND DEPARTMENT OF HEALTH

6 NH23IP922618-05-09

1. term and condtions

TERMS AND CONDITIONS OF AWARD

Termination: The purpose of this amendment is to terminate the use of any remaining COVID-19 funding associated with this award. The termination of this funding is for cause. HHS regulations permit termination if “the non-Federal entity fails to comply with the terms and conditions of the award”, or separately, “for cause.” The end of the pandemic provides cause to terminate COVID-related grants and cooperative agreements. These grants and cooperative agreements were issued for a limited purpose: to ameliorate the effects of the pandemic. Now that the pandemic is over, the grants and cooperative agreements are no longer necessary as their limited purpose has run out. Termination of use of funding under the listed document number(s) is effective as of the date set out in your Notice of Award.

Impacted document numbers are included on page 2 of this Notice of Award (NoA).

No additional activities can be conducted, and no additional costs may be incurred, as it relates to these funds. Unobligated award balances of COVID-19 funding will be de-obligated by CDC. Award activities under other funding may continue consistent with the terms and conditions of the award.

Final Federal Financial Report (FFR, SF-425): Within 30 days please submit final FFR’s for impacted document numbers. The FFR should only include those funds authorized and expended during the timeframe covered by the report. The final report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Payment Management System (PMS), you will be required to update your reports to PMS accordingly.

All other terms and conditions of this award remain in effect.